

APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
ISSUE DATE: 9 Jul 01

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 2:00 PM EDST ON OR BEFORE August 6, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
(ACQUISITION MANAGEMENT DIRECTORATE)
1681 NELSON STREET, ATTN: CODE 02, Ms. Judy Draper
FORT DETRICK, MD 21702-9203

A. NOTICE. This position is set aside for individual Dental Hygienists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. The Government is seeking to place under contract an individual who holds a current unrestricted license to practice as a Dental Hygienist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

You shall be on duty in the assigned clinical areas at the Branch Dental Clinic, Puget Sound Naval Shipyard, Bremerton, WA (primary location) and at the Naval Dental Clinic, Naval Submarine Base, Bangor, WA (to include Mobile Dental Unit and/or Trailer located at clinics), for 40 hours each week. You shall normally provide services for a 4 hour period or a 9 hour period (9 hour period to include an uncompensated 1 hour for lunch), between the hours of 0630 and 1630 on Monday through Friday throughout the term of the contract. You shall arrive for each scheduled shift in a well rested condition with at least six hours of rest from all other duties as a Dental Hygienist. When required, to ensure completion of services that extend beyond the normal close of business, the health care worker will remain on duty in excess of the scheduled shift. The health care worker will be given an equal amount of compensatory time to be scheduled upon mutual agreement of the health care worker and the Commanding Officer.

At the mutual agreement of the healthcare worker and the Government, an alternative work schedule may be implemented. Under an alternative work schedule, the healthcare worker shall work for a 10 hour shift, for 8 days per two week period. Alternative work schedules shall be implemented for no less than a two week period.

You shall accrue eight hours of personal leave (to be used as vacation and/or sick leave) at the end of every 80 hour period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer means: Commanding Officer, Naval Dental Center Northwest, or designated representative, e.g., Technical Liaison, Department Head.

B. Suits arising out of Medical Malpractice. The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract. Prior to performance of services, you shall submit to the technical liaison credentialing documents as required. Your activities shall be subject to day-to-day supervision and control by Navy personnel in a manner comparable to the supervision and control exercised over Navy uniformed and civil service personnel engaged in comparable work. The term "supervision and control" is defined as that process by which you receive technical guidance, direction and approval with regard to an element of work or a series of tasks within the requirements of this contract.

Other Work Issues.

While on duty, you shall not advise, recommend or suggest to individuals authorized to receive services at Government expense that such individuals should receive services from you when they are not on duty, or from a partner or group associated in practice with you, except with the express written consent of the Commander. You shall not bill individuals entitled to those services rendered pursuant to this contract.

You shall be neat, clean, well groomed, and in an attire suitable for wear in a professional medical organization when in patient and public areas. The Commander has the final authority in resolving issues regarding appropriateness of attire while performing duties under this contract. All clothing shall be free of visible dirt and stains, and shall fit correctly. Fingernails shall be clean and free from dirt and hair shall be neatly trimmed and combed. You shall display an identification badge (furnished by the Government) on the right breast of your outer clothing which includes your full name and professional status. Security badges provided by the Dental Treatment Facility (DTF) shall be worn when on duty.

You should be physically capable of standing for extended periods of time and capable of normal ambulation.

You shall comply with Executive Order 12731, October 17, 1990, (55 Fed. Reg. 42547), "Principles of Ethical Conduct for Government Officers and Employees," and shall also comply with Department of Defense (DoD) and Department of the Navy (DON) regulations implementing this Executive Order.

You ARE NOT prohibited, by reason of employment under this contract, from conducting a private practice or other employment so long as there is no conflict with the performance of duties under this contract. However, such private practices or other such employment shall not be conducted during those hours in which you are required to render services under this contract. You shall make no use of Government facilities or property in connection with such other employment (see Attachment 001 NAVMED P-117).

You shall read, write, speak and understand the English language fluently.

C. Duties and Responsibilities. You shall perform a full range of dental hygiene duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the DTF. Workload occurs as a result of scheduled and unscheduled requirements for care. Your actual clinical performance will be a function of the Commanding Officer's credentialing process and the overall demand for dental hygiene services.

1. You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

2. You shall direct supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols.
3. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties which include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.
4. The work environment involves risks typically associated with the performance of clinical oral procedures. You shall be exposed to contagious disease, infections and flying dental debris requiring the wearing of protection such as sterile gloves, masks and eyeglasses.

Clinical Services:

1. Your clinical activity will be a function of the overall demand for hygienist services. Your productivity is expected to be comparable to that of other dental hygienists assigned to the same facility and authorized the same of practice. You shall:
 - 1.1. Provide oral prophylaxis, preventive dentistry procedures and non-surgical periodontal therapy to active duty military personnel and eligible beneficiaries;
 - 1.2. Review and complete preliminary dental examinations for new periodontal and recall patients. Oversee and manage periodontal patient recall programs;
 - 1.3. Review patient's medical and dental history for evidence of past and present conditions such as medical illnesses and use of drugs which may complicate or modify dental hygiene treatment;
 - 1.4. Examine teeth and surrounding tissues for evidence of caries, periodontal disease and then record findings. Inspect head and neck, examine mouth, throat and pharynx for evidence of disease such as oral cancer and/or soft tissue pathosis;
 - 1.5. Expose, develop and interpret radiographs to identify tooth structure, periodontal support and other abnormalities such as periodontal bone loss, periapical pathosis, caries, defective restorations, improper tooth contours and contact relationships;
 - 1.6. Refer suspected medical conditions, hard and soft tissue abnormalities, caries, periapical and periodontal pathosis and traumatic or suspicious lesions to the dental officer for evaluation;
 - 1.7. Perform pit and fissure sealant applications;
 - 1.8. Develop dental hygiene treatment plans for patients including assessment of the problem, type and extent of treatment required and sequence of appointments to complete treatments;
 - 1.9. Perform complete oral prophylaxis and non-surgical periodontal treatment on ambulatory patients using ultrasonic and hand instruments;
 - 1.10. Perform subgingival scaling, root planing and curettage under local anesthesia administered by dental officer; if the appropriate background training and credentials exist, administer local infiltration anesthesia;
 - 1.11. Treat acute necrotizing ulcerative gingivitis;
 - 1.12. Polish teeth and apply disclosing solutions, fluorides, desensitizing agents and other topical medications to the teeth for the purpose of controlling caries and dentinal hypersensitivity;

- 1.13. Clean and polish removable dental appliances worn by patients;
- 1.14. Comply with applicable quality assurance standards for preventive dentistry;
- 1.15. Maintain a record of patient treatment and number of patients treated;
- 1.16. Record oral condition of teeth and supporting tissues, type of therapy provided and progress notes;
- 1.17. Clean and maintain instruments and insure their sterility; clean and maintain your work area to meet the clinic's standards; you may be assigned other duties as directed by the Commanding Officer, consistent with the normal duties of a dental hygienist.

Training and Patient education. You shall:

1. Instruct patients, individually and in group seminars, in proper oral hygiene using a variety of aids such as models of teeth, slides, toothbrushes, floss, disclosing tablets, mirrors, interproximal brushes and rubber tips;
2. Plan and adapt oral home care techniques to the specific need of the individual patient;
3. Explain causes of caries and periodontal disease to patients and the importance of nutrition in maintaining dental and systemic health;
4. Monitor, supervise and assist in training dental technicians involved in direct patient care to perform scaling, prophylaxes, polishing procedures, fluoride applications and oral home care instructions.
5. Possess American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This certification shall be maintained throughout the term of the contract.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Have a degree or certificate in dental hygiene from a school of dental hygiene approved by the Council on Dental Education of the American Dental Association (ADA).
2. Hold a current, unrestricted license to practice dental hygiene in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
3. Either (a), successfully complete at least 12 classroom hours of continuing dental hygiene education within the preceding 18 months which maintain skills and knowledge in dental hygiene and preventive dentistry, or (b) graduate from an ADA approved dental hygiene program within the preceding 12 months.
4. American Heart Association Health Care Provider Course Certification.
5. Have experience as a Dental Hygienist of at least 12 months within the preceding 24 months, unless a recent graduate per item D.3., above.
6. Be eligible for U.S. employment. Provide copies of employment eligibility documentation.
7. Provide three letters of recommendation from practicing dentists attesting to your clinical skills. Letters of recommendation must include name, title, date of reference, phone number, address and signature of individual providing reference and must be written within the preceding 5 years. Recent graduates may provide letters of recommendation from faculty where dental hygiene training was received per item D.3., above.
8. Represent an acceptable malpractice risk to the Navy.

9. Submit a fair and reasonable price which has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified Dental Hygienists using the following enhancing criteria, listed in descending order of importance:

1. Experience and training as it relates to the duties contained herein, then,
2. The letters of recommendation required in item D.7, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
3. Total Continuing Education hours, then,
4. Infiltration Anesthesia certification. Provide proof and expiration date. then,
5. Additional Dental/Medical certifications, then,
6. Prior dental/medical experience in a military dental/medical facility (Form DD214).

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Personal Qualifications Sheet - (Attachment I)
2. _____ A completed Pricing Sheet (Attachment II).
3. _____ Two copies of Proof of employment eligibility (Attachment III).
4. _____ Three or more letters of recommendation per paragraph D.4., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment IV)
6. _____ Small Business Representation (Attachment V)

*Please answer every question on the " Personal Qualifications Sheet - Pharmacist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for a Dental Hygienist is 621399. The SIC for a Dental Hygienist is 8049.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment II, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Ms. Judy Draper, who may be reached at (301) 619-3019.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the application. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. All of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Naval Dental Center Release of Information, Personal and Professional Information Sheet, all dental licenses held within the preceding 10 years, copy of BLS -C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license or certification to practice ever been revoked or
restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet - Dental Hygienists

I. General Information

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: (____) _____

II. Professional Education:

Degree or Certificate in Dental Hygiene from: _____
(Name of ADA accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure/Certification, Dental Hygiene: (License/Certification must be current, valid, and unrestricted):

_____(mm/dd/yy) _____
State Date of Expiration License Number

IV. Continuing Education:

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. American Heart Association Basic Life Support (BLS) for Healthcare Providers, American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent,:

Training Type listed on Card: _____
Expiration Date: _____(mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years unless a shorter time is specified in Section D of the Solicitation. Experience must total at least 12 months, within the preceding 24 months, unless the candidate graduated within the preceding 12 months. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed:

VI. (cont.) Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed:

	<u>From</u>	<u>To</u>
(1) _____	_____	_____

Work Performed:

Are you are currently employed on a Navy contract where is your current contract and what is the position?

VII. Employment Eligibility Please provide copies of documentation:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

VIII. Professional References:

Provide three letters of recommendation from practicing dentists attesting to your clinical skills, patient rapport, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding five years. Recent graduates may provide letters of recommendation from faculty where dental hygiene or general dentistry training was received per item D.3., above.

IX. Military Experience

Prior Military experience in a medical field may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XI. I hereby certify the above information to be true and accurate:

(Signature)

(Date)

(mm/dd/yy)

JD-03-01 ATTACHMENT II - PRICING SHEET

PERIOD OF PERFORMANCE: Services are initially required from October 1, 2001 through September 30, 2002. Four option periods will be included, to extend the services through September 30, 2006, if needed. The Contracting Officer reserves the right to adjust starting and ending dates of performance contingent upon actual award date. Unless you submit a written objection, the Contracting Officer will utilize your hourly price for the last priced option period as the hourly price for an option period added prior to award in order to create a full five year contract.

PRICING INFORMATION: Insert the price per hour that you want the Government to pay you. You may want to consider inflation when pricing your proposal. Your price should be high enough to sustain you, however, it should not be out of line with prices of other Dental Hygienists in the Bangor, WA area. Please note that if you are awarded a Government contract position, you will be responsible for paying all applicable federal, state and local taxes. The Government **WILL NOT** withhold any amount for taxes. Your proposed prices should contain the amount you will pay in taxes. In addition, before commencing work under a contract, the health care worker shall obtain the following required levels of insurance at his or her own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage. The price that you propose for the base period will be added to the proposed price for all option periods for the purposes of price evaluations.

<u>ITEM NO</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>TOTAL AMOUNT</u>
0001	The health care worker agrees to perform on behalf of the Government the duties of (1) Dental Hygienist at Bangor, WA in accordance with this Application and the resulting contract.				
0001AA	Base Period – 1 Oct 01 through 30 Sep 02	2088	HRS	\$_____	\$_____
0001AB	Option Period I - 1 Oct 02 through 30 Sep 03	2088	HRS	\$_____	\$_____
0001AC	Option Period II - 1 Oct 03 through 30 Sep 04	2096	HRS	\$_____	\$_____
0001AD	Option Period III - 1 Oct 04 through 30 Sep 05	2088	HRS	\$_____	\$_____
0001AE	Option Period IV - 1 Oct 05 through 30 Sep 06	2080	HRS	\$_____	\$_____
TOTAL FOR CONTRACT LINE ITEM NUMBER 0001					\$_____

PRINT NAME _____

SIGNATURE: _____ **DATE:** _____

**JD-03-01 ATTACHMENT III - LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A**

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

When you have done this, please mail or fax **THIS COMPLETED
CONFIRMATION SHEET** to:

Naval Medical Logistics Command
ATTN: Code 02 (Ms. Judy Draper)
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-3019

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

JD-03-01 ATTACHMENT V

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in Section B, you are considered a small disadvantaged business. To obtain further statistical information on women-owned and small disadvantaged businesses you are requested to provide the additional information requested below. NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents for general statistical purposes that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B.

[Complete if offeror represented itself as disadvantaged in this provision]. The offeror shall check the category in which its ownership falls:

_____ Black American.

_____ Hispanic American.

_____ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).

_____ Asian-Pacific Americans (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federal States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).

_____ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name: _____

Notice of Contracting Opportunity Number: JD-02-01

Email address: _____